



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 24, 2004.

Crystal Ross  
Crystal Ross

Applicant : David Allison Bennett, et al.  
Application No. : 09/684,871  
Filed : October 6, 2000  
Title : Apparatus, Systems and Methods For Online, Multi-Carrier, Multi-Service Parcel Shipping Management Featuring Shipping Location Comparison Across Multiple Carriers  
Grp./Div. : 3629  
Examiner : Jamisue A. Webb  
Docket No. : PSTM0003/MRK

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**GROUP 3600**

**TRANSMITTAL LETTER**

Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

140 S. Lake Ave., Suite 312  
Pasadena, CA 91101  
August 24, 2004

Commissioner:

Attached are the following:

1. FY 2004 Fee Transmittal (in duplicate);
2. Response to Office Action dated March 24, 2004;
3. Petition for a Two-Month Extension of Time;
4. Check No. 1744 in the amount of \$420.00 to cover the Two-Month Extension fee; and
5. Return Postcard.

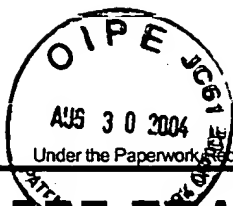
The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required during the **pendency** of this application to Deposit Account No. 501574. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

KHORSANDI PATENT LAW GROUP, ALC

By Marilyn R. Khorsandi  
Marilyn R. Khorsandi  
Reg. No. 45,744  
Customer No. 29524  
626/796-2856

MRK/cmr  
Enclosures



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$420.00)

| Complete if Known    |                 |
|----------------------|-----------------|
| Application Number   | 09/684,871      |
| Filing Date          | 10/6/2000       |
| First Named Inventor | Bennett, et al. |
| Examiner Name        | Jamisia A. Webb |
| Art Unit             | 3629            |
| Attorney Docket No.  | PSTM0003/MRK    |

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SEP 2 2004

| METHOD OF PAYMENT (check all that apply)  |                                      | FEE CALCULATION (continued)          |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
|---|--------------------------------------|--------------------------------------|--------------------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|----------|------|-----|------|-----|-------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|---------------------------------------|--|------|-------|------|-------|--|--|------|------|------|------|---|--|---------------------|--------|------|--------|---|-------------|------|-----|------|----|--|--|------|-----|------|-----|---|--------|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|-------------------|
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | <input type="checkbox"/> None  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <input checked="" type="checkbox"/> Deposit Account   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Deposit Account Number: 501574  |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Deposit Account Name: Khorsandi Patent Law Group, ALC   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| The Director is authorized to: (check all that apply)   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <input type="checkbox"/> Charge fee(s) indicated below  |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <input checked="" type="checkbox"/> Credit any overpayments   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)  |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>3. ADDITIONAL FEES</b>   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>GROUP 3600</b>   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td>420.00</td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="5">Other fee (specify) _____</td><td></td></tr><tr><td colspan="5">*Reduced by Basic Filing Fee Paid</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (3)</b></td><td><b>(\$420.00)</b></td></tr></tbody></table> |                                      |                                      |                                |  | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |  | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification             |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action    |  | 1805                | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |             | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 420.00 | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$420.00)</b> |
| Large Entity Fee Code   | Large Entity Fee (\$)                | Small Entity Fee Code                | Small Entity Fee (\$)          | Fee Description  | Fee Paid              |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1051  | 130                                  | 2051                                 | 65                             | Surcharge - late filing fee or oath  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1052  | 50                                   | 2052                                 | 25                             | Surcharge - late provisional filing fee or cover sheet                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1053  | 130                                  | 1053                                 | 130                            | Non-English specification  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1812  | 2,520                                | 1812                                 | 2,520                          | For filing a request for <i>ex parte</i> reexamination                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1804  | 920*                                 | 1804                                 | 920*                           | Requesting publication of SIR prior to Examiner action                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1805  | 1,840*                               | 1805                                 | 1,840*                         | Requesting publication of SIR after Examiner action                        |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1251  | 110                                  | 2251                                 | 55                             | Extension for reply within first month                                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1252  | 420                                  | 2252                                 | 210                            | Extension for reply within second month                                    | 420.00                |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1253  | 950                                  | 2253                                 | 475                            | Extension for reply within third month                                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1254  | 1,480                                | 2254                                 | 740                            | Extension for reply within fourth month                                    |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1255  | 2,010                                | 2255                                 | 1,005                          | Extension for reply within fifth month                                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1401  | 330                                  | 2401                                 | 165                            | Notice of Appeal   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1402  | 330                                  | 2402                                 | 165                            | Filing a brief in support of an appeal                                     |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1403  | 290                                  | 2403                                 | 145                            | Request for oral hearing   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1451  | 1,510                                | 1451                                 | 1,510                          | Petition to institute a public use proceeding                              |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1452  | 110                                  | 2452                                 | 55                             | Petition to revive - unavoidable   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1453  | 1,330                                | 2453                                 | 665                            | Petition to revive - unintentional   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1501  | 1,330                                | 2501                                 | 665                            | Utility issue fee (or reissue)   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1502  | 480                                  | 2502                                 | 240                            | Design issue fee   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1503  | 640                                  | 2503                                 | 320                            | Plant issue fee  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1460  | 130                                  | 1460                                 | 130                            | Petitions to the Commissioner  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1807  | 50                                   | 1807                                 | 50                             | Processing fee under 37 CFR 1.17(q)  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1806  | 180                                  | 1806                                 | 180                            | Submission of Information Disclosure Stmt                                  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 8021  | 40                                   | 8021                                 | 40                             | Recording each patent assignment per property (times number of properties) |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1809  | 770                                  | 2809                                 | 385                            | Filing a submission after final rejection (37 CFR 1.129(a))                |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1810  | 770                                  | 2810                                 | 385                            | For each additional invention to be examined (37 CFR 1.129(b))             |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1801  | 770                                  | 2801                                 | 385                            | Request for Continued Examination (RCE)                                    |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1802  | 900                                  | 1802                                 | 900                            | Request for expedited examination of a design application                  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Other fee (specify) _____   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| *Reduced by Basic Filing Fee Paid   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (3)</b>   |                                      |                                      |                                |  | <b>(\$420.00)</b>     |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>1. BASIC FILING FEE</b>  |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b></td></tr></tbody></table>  |                                      |                                      |                                |  | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1001 | 770 | 2001 | 385 | Utility filing fee                  |  | 1002 | 340 | 2002 | 170 | Design filing fee                                      |  | 1003 | 530 | 2003 | 265 | Plant filing fee                      |  | 1004 | 770   | 2004 | 385   | Reissue filing fee                                     |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                    |  | <b>SUBTOTAL (1)</b> |        |      |        |   | <b>(\$)</b> |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Large Entity Fee Code   | Large Entity Fee (\$)                | Small Entity Fee Code                | Small Entity Fee (\$)          | Fee Description  | Fee Paid              |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1001  | 770                                  | 2001                                 | 385                            | Utility filing fee   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1002  | 340                                  | 2002                                 | 170                            | Design filing fee  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1003  | 530                                  | 2003                                 | 265                            | Plant filing fee   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1004  | 770                                  | 2004                                 | 385                            | Reissue filing fee   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1005  | 160                                  | 2005                                 | 80                             | Provisional filing fee   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (1)</b>   |                                      |                                      |                                |  | <b>(\$)</b>           |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>  |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b></td></tr></tbody></table>  |                                      |                                      |                                |  | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1202 | 18  | 2202 | 9   | Claims in excess of 20              |  | 1201 | 86  | 2201 | 43  | Independent claims in excess of 3                      |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86    | 2204 | 43    | **Reissue independent claims over original patent      |  | 1205 | 18   | 2205 | 9    | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |        |      |        |   | <b>(\$)</b> |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Large Entity Fee Code   | Large Entity Fee (\$)                | Small Entity Fee Code                | Small Entity Fee (\$)          | Fee Description  | Fee Paid              |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1202  | 18                                   | 2202                                 | 9                              | Claims in excess of 20   |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1201  | 86                                   | 2201                                 | 43                             | Independent claims in excess of 3  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1203  | 290                                  | 2203                                 | 145                            | Multiple dependent claim, if not paid                                      |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1204  | 86                                   | 2204                                 | 43                             | **Reissue independent claims over original patent                          |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| 1205  | 18                                   | 2205                                 | 9                              | **Reissue claims in excess of 20 and over original patent                  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (2)</b>   |                                      |                                      |                                |  | <b>(\$)</b>           |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Total Claims: 21, Independent Claims: 11, Multiple Dependent: _____   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Extra Claims: 0, Fee from below: 18, Fee Paid: 0.00   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| Extra Claims: 0, Fee from below: 86, Fee Paid: 0.00   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |
| ** or number previously paid, if greater; For Reissues, see above   |                                      |                                      |                                |  |                       |                       |                       |                       |                 |          |      |     |      |     |                                     |  |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |   |  |                     |        |      |        |   |             |      |     |      |    |  |  |      |     |      |     |   |        |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |                   |

| SUBMITTED BY      |                             | Complete (if applicable)          |                 |
|-------------------|-----------------------------|-----------------------------------|-----------------|
| Name (Print/Type) | Marilyn R. Khorsandi        | Registration No. (Attorney/Agent) | 45,744          |
| Signature         | <i>Marilyn R. Khorsandi</i> | Telephone                         | (626) 796-2856  |
|                   |                             | Date                              | August 24, 2004 |

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